



Biometric Screening Form

PARTICIPANT INFORMATION

First Name

MI

Last Name

Date of Birth

(Month)

(Day)

(Year)

Gender

M/F

Medical ID Number (numbers only)

(number located on your medical ID card)

Daytime Phone #

Email Address (Confirmation will be sent to this email address)

PAST PROVIDER VISIT

- ☐ Complete *Biometric Results* section
- ☐ Obtain a copy of your lab results
- ☐ Complete *Participant Signature* section
- ☐ Submit screening form *with lab results*

CURRENT / FUTURE PROVIDER VISIT

- ☐ Complete *Biometric Results* section
- ☐ Complete *Provider Signature* section
- ☐ Complete *Participant Signature* section
- ☐ Submit screening form

BIOMETRIC RESULTS

Height	Weight	Fasting	Glucose
<input type="text"/> ft <input type="text"/> in	<input type="text"/> lbs	<input type="text"/> Yes <input type="text"/> No	<input type="text"/>
Cholesterol	Blood Pressure		
HDL: <input type="text"/>	Systolic: <input type="text"/>		
LDL: <input type="text"/>	Diastolic: <input type="text"/>		
TRI: <input type="text"/>			
Total: <input type="text"/>			
Screening Date			
<input type="text"/> (Month)	<input type="text"/> (Day)	<input type="text"/> (Year)	

****NOTE - LAB VALUES WILL NOT BE ACCEPTED IF COLLECTED PRIOR TO 10/1/2019.**

PROVIDER SIGNATURE



PROVIDER INSTRUCTIONS BELOW - READ CAREFULLY

Complete this section by checking the appropriate screening option. Provider signature and date required.

☐

Standard Biometric Screening

I certify this patient has completed a standard biometric screening visit.

☐

Exception

I certify this patient should not complete the biometric screening as it is not medically necessary.

Provider Signature: _____

(Month)

(Day)

(Year)

PARTICIPANT SIGNATURE

By signing and faxing this form, I understand that my data will be shared with the administrator of the applicable wellness program. My individual results will NOT be shared with my employer. Vivacity is committed to maintaining the confidentiality of your medical information.

This form will not be accepted without a participant signature.

Participant Signature: _____

(Month)

(Day)

(Year)

SUBMISSION / QUESTIONS

Submit the completed fax form by **March 31, 2020**

- Fax: 1-877-657-4183
- Email: support@vivacity.net

****NOTE - Emailing data is not considered a secure form of communication****